

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 OCT 16 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081676

1. Entity Name
SIM DISTRIBUTORS CORP.



Principal Place of Business
8098 NW 96 TERRACE
303
TAMARAC, FL 33321

Mailing Address
8098 NW 96 TERRACE
303
TAMARAC, FL 33321

08/07/03 901.19.022 \$150.00

2. Principal Place of Business

8964 NW 54 ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 26082

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

SUNRISE, FL

City & State

TAMARAC, FL

4. FBI Number

65-1641362

Applied For

Not Applicable

Zip

33351

Country

Zip

33320

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTEPA, JAVIER
8098 NW 96 TERRACE
303
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name

ESTEPA JAVIER

Street Address (P.O. Box Number is Not Acceptable)

8964 NW 54 ST

City

SUNRISE

FL

Zip Code

33350

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent's signature required when resigning.

DATE

FILE NOW WITH FEE \$19.00

After May 1, 2003 Fee will be \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ESTEPA, JAVIER
STREET ADDRESS 8098 NW 96 TERRACE
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME SERGIO ARNOLDO SALAZAR
STREET ADDRESS 9409 FONTAINEBLEAU BLVD. APT. 212
CITY-ST-ZIP MIAMI, FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/03 786-554-0656

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

5055773

PO2000081676

July 29, 2003

Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Report
Sim Distributors Corp.

Certificate # P 02000081676

Attached please find annual Renewal Report for the above mentioned corporation and the check in the amount of \$ 150.00 Fees.

Please accept the 150.00 Dollars payment and waive the penalty for being late due to the fact that we did not received the Uniform Business Report on time to be filed.

If further information is needed please contact me.

Sincerely,



Javier Estepa
P.O. Box 26082
Tamarac, Florida 33320